

<b>Case Number:</b>	CM14-0005019		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Arizona. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39-year-old obese woman who injured her left knee when she banged it into a desk in 2010. She had physical therapy, pool therapy, chiropractic therapy, acupuncture, and has taken medications which included anti-inflammatories; Cymbalta, and tramadol. In spite of all of this she continued to have significant pain. She has had ultrasounds and 2 MRIs. She has a left lateral patellar tilt, mild chondromalacia of the patella, moderate joint effusion, and no meniscus tears. She has had several orthopedic evaluations. The first orthopedist in January 2013 suggested she have an arthroscopic lateral release, chondroplasty of patella, synovectomy and debridement. He did recommend, however, that she try to lose weight so that she would more likely be successful with the surgery and then requested authorization for pool therapy. The Qualified Medical Examiner's notes stated she did not benefit from the pool therapy. The complainant had a second orthopedic evaluation in November 2013 which stated that she was a strong candidate for this arthroscopic surgery and recommended that she have it right away. He did not stipulate that she should have weight-loss or pool therapy before having the surgery. What is somewhat confusing is the first orthopedist signed a request for authorization for the pool therapy in December 2013 which was after the second orthopedic consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Urgent aquatic therapy two times a week for four weeks (8 units), left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.2-9792.26 p22 Page(s): 22.

**Decision rationale:** The MTUS recommends Aquatic therapy as an alternative to land based physical therapy and as part of an exercise program. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. It is not intended to offer Supervised Physical Therapy or Aquatic therapy with unlimited frequency. Specifically, it is stated to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise. For myalgia and myositis, 9-10 visits over 8 weeks is suggested, and with neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks is suggested. Certainly, because of the pain and obesity it is reasonable to think that Pool Therapy would help this patient in her goal to improve her mobility and lose weight. The actual count of her physical therapy and pool therapy is unknown; but, the Qualified Medical Examiner stated that she had not really benefited from any of the therapies that she had undertaken up to that point. Additionally, the second orthopedic consult suggested the patient proceed with the surgery and had not stipulated that she first be successful with the weight loss prior to the surgery. It is possible that the only way this patient is going to lose weight and improve her mobility is to have the knee surgically repaired and then enter into a postsurgical pool therapy program to supplement her weight loss program. It is for these reasons this request for more pool therapy is deemed not medically necessary.